R E P O R T R E S U M E S

ED 015 715 JC 670 484

PARAMEDICAL AND HEALTH RELATED PROGRAMS IN THE JUNIOR COLLEGE--SOME QUESTIONS AND ANSWERS.

BY- SKAGGS, K.G.
AMERICAN ASSN. OF JUNIOR COLLEGES, WASHINGTON,D.C.

PUB DATE JUN 66

EDRS PRICE MF-$0.25 HC-$0.80 18P.

DESCRIPTORS- *JUNIOR COLLEGES, *PARAMEDICAL OCCUPATIONS, *HEALTH OCCUPATIONS EDUCATION, *NURSING, *CURRICULUM PLANNING, PROGRAM PLANNING, ADVISORY COMMITTEES, PUBLIC RELATIONS, INTERAGENCY COOPERATION, ACCREDITATION (INSTITUTIONS), PERSONNEL, RECRUITMENT, STUDENTS.

AT THE ALABAMA STATE CONFERENCE ON PARAMEDICAL EDUCATION IN JUNE 1966, PARTICIPANTS IDENTIFIED 37 PROBLEMS FOR DISCUSSION. THIS REPORT STATES THE QUESTIONS AND THE ANSWERS OFFERED BY CONSULTANTS AT THE CONFERENCE. TOPICS ARE (1) ASSOCIATE DEGREE NURSING PROGRAMS, WITH EMPHASIS ON ADMINISTRATIVE ORGANIZATION, THE ROLE OF ADMINISTRATORS, PERSONNEL RECRUITMENT, FACILITIES, FINANCING, CURRICULUM DEVELOPMENT, AND CLINICAL EXPERIENCE, (2) STEPS IN DEVELOPING PARAMEDICAL PROGRAMS, (3) ADVISORY COMMITTEES, (4) RELATIONSHIPS WITH PROFESSIONAL AGENCIES AND PERSONNEL, (5) SOURCES OF STUDENTS AND RECRUITMENT, (6) DETERMINATION OF NEED FOR PROGRAMS, (7) PROGRAM ACCEPTANCE AND APPROVAL, (8) PARAMEDICAL OCCUPATIONS IN SMALL COLLEGES, (9) PUBLIC INFORMATION AND PUBLIC RELATIONS, (10) SPECIALIZED AND GENERAL EDUCATION, (11) SHORT COURSES AND WORKSHOPS, (12) SOURCES OF ASSISTANCE, AND (13) ACCREDITATION. A SAMPLE COLLEGE-HOSPITAL CONTRACT IS INCLUDED. (WO)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

ERIC

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

ED015715

PARAMEDICAL AND HEALTH RELATED PROGRAMS

IN THE JUNIOR COLLEGE

UNIVERSITY OF CALIF.
LOS ANGELES

JUN 15 1967

CLEARINGHOUSE FOR
JUNIOR COLLEGE
INFORMATION

Some Questions and Answers

ALABAMA STATE CONFERENCE ON PARAMEDICAL EDUCATION

MOBILE, MAY 10 AND 11, 1966

WC 670 H84

PARAMEDICAL AND HEALTH-RELATED PROGRAMS

IN THE JUNIOR COLLEGE

SOME QUESTIONS AND ANSWERS

American Association of Junior Colleges
1316 Sixteenth Street, N.W.
Washington, D. C. 20036

Printed in U. S. A.

The following "Questions and Answers" came out of the Alabama State Conference on Paramedical Education held at Mobile on May 10 and 11, 1966, sponsored by the Committee on Paramedical Education of the Health Careers Council of Alabama in cooperation with the American Association of Junior Colleges.

The questions refer to problems raised by junior college personnel in Alabama and furnished the consultants before the Conference. The answers are those given by the consultants as a part of the general discussions of the Conference.

Certainly, many more problems could be identified and questions asked, but there are thirty-seven items identified here, and probably represent a cross-section of concern for the junior colleges and representatives of the various professional bodies in attendance at the Conference. It should be emphasized that the answers given usually reflect the viewpoint of one person, or at most a group of people, and they should not be interpreted as the only answer that could be given to effect sound paramedical programs. The answers should be used, perhaps, as a springboard for discussion among administration, staff, and faculty of a junior college, to suggest, and to encourage creative thinking.

This booklet represents the discussions made by the two major consultants at the conference, Dean Anastasia Hartley, Division of Nursing Education, St. Petersburg Junior College, St. Petersburg, Florida, and Dr. Roy Bergengren, President, Daytona Beach Junior College, Daytona Beach, Florida.

K. G. Skaggs
Staff Specialist in Health
Related and Paramedical Programs
American Asscciation of
Junior Colleges, Washington, D. C.

June, 1966

1. What is the administrator's role in starting an ADN program?

The decision for inaugurating an Associate Degree Nursing program in a junior college must be made by the administrator. In making his decision to proceed with program development, the administrator must examine carefully the survey of need, be certain that appropriate and satisfactory clinical experiences are available, and that affiliation agreement with hospitals are fully in order, draw up the organizational pattern for planning and for supervision of the program, and determine conclusively sources of financial support and instructional personnel. During the period of development and after the program is underway, the administrator should be closely related to all activities.

2. How do you go about getting qualified personnel? What are the sources available?

Obtaining qualified personnel for all paramedical programs is a major problem at this time. There probably are instances of programs needed but not implemented in junior colleges because adequate instructional personnel could not be found. Start searching for personnel early -- the director or dean should be employed early enough to participate in all planning and development. Sources of personnel are hospitals, universities and four year colleges, and from other institutions. A good source of help may be current directors of programs -- these people may know of competent staff people who would make good directors -- the NLN, the ANA, or the State Boards of Nursing.

3. What kind of accrediting is necessary, and what standards are set up?

Accreditation by the regional accrediting association and approval of your State Board of Nursing so that your graduates may take the Board licensure examination are necessary. For federal funding, NLN accreditation or approval is necessary at this time. See the AAJC Occupational Bulletin No. 2 for further information.

4. Please discuss fully the financing of an ADN program. How much does it cost?

The main cost of an ADN program is salary for competent and able people, and for enough of them to do the job of instruction, guidance, and clinical supervision properly. While a good ADN program requires more financial support than some other programs in the junior colleges, equipment and space need not be a major factor. Instructional media -- library books and periodicals, classroom materials, charts, graphs, illustrative material, slides, films, film strips, and recordings -- must be used for up-to-date and superior instruction. It would be difficult to put a dollar and cents figure to cost -- be assured that such a program may require at least twice the amount per student cost as general education programs.

5. Who is responsible for the curriculum? How do you organize curriculum development?

Curriculum responsibility lies with total staff and faculty. However, there must be a coordinator. In most junior colleges a Dean of Instruction or a Dean of Academic Affairs is responsible for over-all curriculum development, and the

Nursing Education director or dean and her staff is responsible specifically for developing the curriculum and presenting it to the administration.

Several factors may influence curriculum development: (1) State Board of Nursing requirements; (2) State Department of Education requirements; (3) the profession's requirements for adequate and satisfactory teaching programs; (4) the college philosophical requirements of objectives and goals; (5) proven programs of other institutions; (6) local planning factors.

6. What steps do you take in the development of paramedical programs in junior colleges?

(a) Determine need for programs on a realistic -- not a superficial -- basis.
(b) Determine the appropriateness of the program for junior college education.
(c) Determine appropriateness of the program in relation to objectives, goals, and philosophy of the college.
(d) Determine college faculty and high school counseling support for the program.
(e) Determine local professional support for the program.
(f) Determine availability of adequate financial support.
(g) Determine availability of personnel -- both instructional and student.

7. What role should advisory committees play? How do you select members? How do you keep an advisory committee from becoming a "policy" committee?

We feel that advisory committees of lay or professional personnel can be exceedingly helpful, especially as they can represent junior college programs to the professions and to the public. They also may advise on institutional relationships and on curriculums, and may even be an influential aid in obtaining adequate financing.

They should never be a "policy" or governing committee. They can only <u>advise</u> and <u>recommend.</u> The full control of the program must always be in the junior college. Much misunderstanding may be avoided if the college will draw up a guideline statement of responsibility and procedure for the advisory committee before its membership is appointed.

8. What relationships do you develop with medical and health professional agencies and personnel in the community and the state?

One of the major reasons why many paramedical programs are having difficulties in some junior colleges is that the college failed to involve or interest the professional associations or agencies and their personnel on the local level in these programs <u>at the beginning</u>. A community of thinking and planning should be fostered, opportunity for continuing communication, and frequent exchange of ideas, plans, information, and suggestions. Such relationships may be set up on a formal basis, with organized groups and regular times for meeting, or they may be informal in nature with telephone calls and casual visitation. In the latter case, the junior college must take the initiative and keep the liaison and communication frequent and "alive." Perhpas the best way to sustain satisfactory relationships is to make use of both methods.

9. How does the college administration organize recruitment of students for these programs -- the ADN program especially? What are the sources of students?

There are several sources of students for paramedical programs -- but all require various degrees of active recruitment. The college that develops a program and then sits back with doors open waiting for students to come in is doomed to disappointment and frustration.

(a) Our largest source of students is the high school graduate -- but again, the junior college that depends wholly upon high school graduates for its students in health related programs will experience enrollment disappointment. All sources should be explored and, yes, exploited.

(b) Current college students who have been misdirected into other programs, or who have entered programs through false or misunderstood objectives, or who, for many reasons, may be frustrated in their college work, may be re-counseled into the paramedical programs.

(c) Adults who now wish to or find the need to engage in a career may be motivated into programs.

(d) Adults who practised a health profession years ago, and who now wish to re-enter the profession, may need much refresher work.

(e) Adults currently in a health related career who wish to move into another field or upgrade themselves in their present employment may be interested.

However, we emphasize that in order to attract students from any of these categories into the paramedical programs, a dynamic, aggressive, well-planned program of information, encouragement, and counseling must be undertaken.

10. How do you determine the need for paramedical programs -- the ADN program -- in the first place?

Need for paramedical programs should be determined by well-planned surveys in the areas to be served. The survey should concentrate on the users of the product of the proposed program. A survey, based upon a printed questionnaire distributed through the mail with requests for written replies is not effective and frequently may also be inaccurate. Also, to ask a professional "product user" if he "needs help of the kind the program would produce" or "how much help of this kind do you need" is futile for accurate survey purposes. The basic question really is not how many people are needed, but how many people will be employed -- a different approach altogether. A hospital may need fifty more nurses a year, but its budget may permit it to employ only ten. The written answer survey as a part of a survey may be useful. The procedures may be suggested as follows:

(a) Personal conferences with selected key people in the profession in the community.

(b) An informational campaign by newspaper, speeches to clubs and other organizations, TV stations and radio, to acquaint people of the community with what

the junior college <u>can</u> do in organizing programs and offering them.

(c) A broadened personal interview list to see what the reaction of the professional "rank and file" might be to such program development.

(d) Conferences with officials of other levels of the local school system to enlist their support.

(e) A review of similar surveys or reports based upon state, regional, or national surveys.

11. What attempts should administrators make to develop acceptance and approval for these programs? Is this a problem with general education faculty? With high school counselors? With parents and the public?

A continuing forceful program to acquaint the public with the worth and importance of occupational education is necessary. All resources of the college must be used in this never-ending campaign. Basic procedures in such an informational program would lead to:

(a) Emphasizing the attractiveness of such education.

(b) Emphasizing the career prestige of the whole health and medical field.

(c) Emphasizing the career opportunities of such programs.

(d) Emphasizing the objectives of the program that places it in the realm of goals to be sought after, to be coveted, to be worked for.

(e) Emphasizing that there is no magic in the baccalaureate degree as such. Worth, importance, and career dignity will come as quickly to the competent, the able, the skilled as to the "degreed" person.

12. Should administrators of <u>small</u> junior colleges -- less than a thousand students -- plan to develop an ADN program, or any other paramedical program? What should guide them in their decisions?

Generally, they should consider thoroughly and wisely all the problems attendant upon paramedical programs before proceeding with development. A small junior college usually indicates a small or scattered population area, and this in itself may be deterrent to a successful program. Administrators of small junior colleges should examine carefully cost, student resource, and placement opportunities for graduates before starting such programs.

13. Have you given any thought to semantics -- <u>occupational</u>, <u>terminal</u>, <u>semi-professional</u>, <u>technical</u>, <u>vocational</u> -- what is your thinking?

Yes. This is still a very confused field -- and in several professions the words used to describe the various levels bring much anguish. A national trend <u>seems</u> to be developing for using words such as <u>technician</u>, <u>aide</u>, and <u>assistant</u> for graduates of junior college programs.

14. What procedures can be adopted to assure a sound, effective public information program for the occupational programs?

This has been answered to some extent in Item 11 and mentioned briefly in several others. We would emphasize again that any public information program should be well planned, should be a continuing program and not a "now-and-then" or "one-shot" deal, and that it should be given major emphasis by the administration.

15. From the administrator's point of view, what are procedures for good working relationships and contractual arrangements with hospitals, clinics, etc.?

Dr. Robert Kinsinger has developed a sample agreement for use by a hospital and a college. We are copying his suggestion here for you. It should be stressed, however, that agreements should be drawn up to meet the requirements of a local situation. The following is just one way in which it can be done.

Prepared by Dr. Robert Kinsinger

SAMPLE AGREEMENT

Typical College
Anytown, New York

This agreement between Typical College and Healwell Hospital will be effective for a period of one year following the present date (inclusive dates). Prior to the date of termination, (date) the agreement will be reviewed by both parties to the agreement. The agreement shall be automatically renewed for an additional year unless either party requests a change or termination of this agreement.

The Healwell Hospital and the Typical College hereby mutually and informally agree with each other to the following:

Instructional Planning

Students registered in the nursing program at Typical College may utilize for clinical training the various departments of the Healwell Hospital. The days and hours of clinical experiences are to be planned by the faculty of Typical College. The Director of Nursing Service at Healwell Hospital is to be consulted as to the days and hours thus planned.

Specific Responsibilities of Healwell Hospital

A. To supply locker facilities for the above-mentioned students and instructors from Typical College.

B. To X-ray the chest of each of the above-mentioned students in accordance with the hospital medical plan for staff nurses.

C. To provide adequate classroom and conference room space and use of any available instructional materials.

D. To provide practice nursing and/or observational opportunities on the wards and in the various departments of the hospital.

E. To allow the students and instructors, at their own expense, to use the cafeteria facilities in the hospital.

Specific Responsibilities of Typical College

A. To go through the proper hospital channels to make plans for observations and/or practice nursing experience.

B. To provide all supervision and instruction required in the program unless in specific instances other provisions are made.

C. To abide by the existing rules and regulations of Healwell Hospital.

D. To assume responsibility for cost of equipment that is broken or damaged due to negligence (otherwise assumed by Healwell Hospital).

Mutual Responsibilities

The nursing department of Healwell Hospital and the faculty in the nursing department of Typical College to cooperate in the concurrent and terminal evaluation of the program.

Signed_____
(Representative for Typical College)

Signed_____
(Administrator, Healwell Hospital)

Date_____

16. What facility arrangements must be made for ADN programs on the campus? At what hospital? What do you think about the "extended campus" plan where much of the teaching is done off campus?

Our visits to many junior college campuses have shown us a variety of physical facilities for ADN programs, and for other paramedical offerings. Some colleges have accomplished minor remodeling of current spaces to provide very functional and satisfactory facilities for the health programs. Other colleges have constructed well-planned new facilities in new buildings or wings of present buildings.

Whatever is done, facilities should not be cramped -- plan adequately for the program or not at all. Also, it should be remembered that the educational programs in the health areas represent an occupation that must emphasize environment, and students should be aware of this from the beginning. Thus facilities should be ample for the job to be done, pleasant, cheerful, light, and well-ventilated. Another consideration is a careful study of the possible use of facilities also being used by other programs of the college -- laboratories, classrooms, audio-visual auditoriums and the like. Some special facilities will be needed, and these should be planned as an outcome of the curriculum being developed and the objectives of the course.

Facilities for use at the hospital are usually defined in the agreement mutually prepared by the college and the hospital. It has been recommended that facilities at the hospital be used as such are available, and if they provide better teaching media than can be found at the college. Experience has indicated, however, that college controlled facilities should be used as much as is possible.

This, of course, brings us to the matter of the "extended" campus. It is not at all the characteristic of the "extended" campus for the college to give up its control and supervision of facilities used away from the main campus.... rather it is implied by the "extended" campus that there is nothing magic in having all instruction on one physical location or "campus". A good community junior college may very well regard the community or the area as its campus, and facilities may be used wherever they provide the kind of teaching environment and climate conducive to best instructional practices.

17. Please discuss the development of a "core" program in the paramedical areas, required general education, or a common basic program for all paramedical students with specialized courses coming out of the basic program.

In the many discussions and conferences now taking place between professional personnel and the junior college personnel, the professions have asked that the product trained and educated in the paramedical programs be educated people, good citizens, and knowledgeable concerning the society and the culture in which they live. Thus, general education courses, we believe, should be a part of the planned paramedical curriculum. There is always some conflict here in the planning stages as to the amount of general education required in the curriculum. Some junior college directors state that a 40 per cent general education and 60 per cent specialized course distribution be set up; others suggest that 30 semester hours of general education be planned, and about 34 hours of specialized education. We believe that this is a matter for local junior college determination, but we do emphatically believe that a general education core should be a part of the total curriculum.

18. In your opinion should special courses in English, social sciences, mathematics, humanities, etc., be planned for paramedical students different from the courses given transfer students?

Once again we come to a question that requires many answers, depending upon the curricula and the courses of the individual junior college, its philosophy for its students and its objectives and goals. What kind of a product do you wish

to produce in the paramedical programs? What is the degree of selectivity of students, if any, for these programs? At what level are the requirements of the "transfer" courses set, and what is the basic purpose of such courses? In general, most junior college people believe that there should be no special courses in the general education core for the occupational curricula students, but there may be good and valid reasons for developing these. A careful study based upon the questions raised above should be made.

19. Organizationally, should one person, a dean or director, be in charge of a health or paramedical division, or should administration be wholly on the department head level?

The size of the junior college and the number of paramedical programs offered is the determining factor in developing a workable organizational pattern. Generally, if the junior college enrolls several thousand students or more, and if it offers three or more paramedical programs, serious consideration should be given to the division plan with a director or dean giving administrative service to the whole field. In smaller colleges with only one or two programs, the conventional department plan, each with its own director or chairman, perhaps would be effective and efficient.

20. In beginning ADN programs, what is the very first "move" of the administrator?

First, to determine real need; second, to determine support from the professions, the community, and from faculties.

21. What types of paramedical programs are appropriate for junior colleges?

Dr. Robert Kinsinger has defined about forty paramedical programs appropriate to junior college level education. We can do no better than to refer you to the following references:

(a) Technical Education in the Junior Colleges -- New Programs for New Jobs, Norman C. Harris

(b) Education for Health Technicians -- An Overview, Dr. Robert Kinsinger

(c) Health Careers Guidebook, U. S. Department of Labor

22. How do you satisfactorily establish clinical and bedside experience opportunities for ADN students with the hospitals? What are the problems? How are schedules made up? Will you please tell us what you believe a good contact with the hospital would be? What are special things to which we should be alerted?

For an answer to the first part of this question, we would refer you to the sample agreement found in Item 15. Yes, of course there are problems...there always are when several institutions of varying characteristics, policies, and

procedures get together. However, the problems thus raised can be solved through mutual and open communication and a real effort to understand each other's characteristics and qualities. The college must understand that the first job of a hospital is to provide services, either normally or under emergency conditions. The hospital schedule and policies must be accepted and understood. The hospital in turn must accept that it is providing services to a collegiate institution, and the control, supervision, and policies of the college must be observed. The people using the clinical facilities are college students, and they are responsible only to college officials and staff. The supervisor is amember of the college faculty, and is responsible to the college administration, and not to the hospital. With these understandings and acceptance, most other problems are easy to solve.

23. How do you work in your program with professional agencies and personnel? How are lines of communication kept open? What is your approach to advisory committees and what should they do?

The question concerning advisory committees has already been discussed in Item 7. Frequent meetings and discussions with professional people and officers of the local medical and health associations keeps the lines of communication and understanding open. Some junior colleges use the advisory committee to give a major portion of its time and responsibility to this kind of liaison with professional people; others have set up a coordinating council for the programs with the work of the professional agencies on the local level; others have meetings several times during the year bringing in professional people in the community, educational people from the other levels of education in the community, and junior college personnel. Such meetings frequently are somewhat "social" in nature as well as informational and professional. Some entertainment, refreshments, a well-planned program could make these occasions looked forward to by all concerned.

24. What qualifications should a good director of ADN programs have? Where do we find these people? Could you say something about salaries?

A good director of ADN programs hopefully should have had a successful background of "practice" experience, if possible in several kinds of environments; should be well founded in the knowledge areas of the field, a proven record of competency and skill; some knowledge of the educational world, its procedures, activities, and developments, a knowledge of the most current devices of instruction, a forward looking philosophy, a tendency to develop innovative practices and procedures, but a maturity that will allow their sound evaluation, a "practical" approach to the profession and to its education and training, skill to work with people as a good administrator, and a sense of public relations. A person with a master's degree as a minimum is usually required.

Where would we find such a paragon? Universities and four year colleges with programs for preparing such people, hospitals, clinics, laboratories, private practice, and in other institutions. After all, we cannot ignore that junior colleges and other educational institutions are competitive among themselves.

No, a general statement concerning salaries could not be made in fairness. Salary levels differ widely from one part of the country to another, depending somewhat upon cost of living, size of city or area, and local factors. It can safely be said that such people as described above are usually in the higher brackets of the college salary scale.

25. Where do we find people for the nursing education staff? What qualifications should they have? What are salary ranges here? What do you think about using part-time instructors?

I could almost repeat for the qualifications of faculty members in ADN programs or other paramedical programs the qualifications given in Item 24 for a director, with perhaps less emphasis on the administrative qualities and more on educational awareness and classroom teaching know-how. Faculty members should be informed about the junior college as an educational institution, know students and be able to work with them and counsel them effectively and wisely.

26. Will you please discuss the matter of recruiting students? Are young people reluctant to come into paramedical programs -- the ADN program in particular? How do you work with the high school counselors? Who determines which students will enter the courses? How are standards of selectivity determined? How many students drop out? Why? For those who finish, what is the situation with their nursing board examinations for license? Do many fail? What kind of follow-up procedures should be developed?

Some discussion of this problem has been given in some detail in Item 9. Yes, students are reluctant to come into paramedical programs largely because they have not up to this time been well represented to them. Quite frankly, students and their parents and the high school counselors have not had adequate information, encouragement, or stimulus to give these programs the emphasis or attention they should be given. This is also true on the college campus with college level counseling and guidance personnel. College administrators and directors of programs have really not given enough attention and concern to providing the necessary information and "selling" that is required to make any special program of the college successful.

Many colleges practice selectivity of students...to what degree this must be done is a local matter. One junior college averages some three hundred applications for the fifty places each year in its dental hygiene program. Selectivity may be an important factor of enrollment control here. Then one may very well ask the question, "If you're having problems recruiting students for these programs, should selectivity be practiced?" These paramedical programs are very special kinds of programs with unique quality characteristics and demanding certain quality factors of achievement, temperament and character on the part of the student. It would seem to most of us that some degree of selectivity needs to be used. Some colleges use rather elaborate tests and other measurements of quality in determining the students for the program; other colleges use the high school record and other "regular" evaluative instruments, but with emphasis given to a personal interview.

At present, generally speaking, drop-out rates in paramedical programs run about as they do in other programs, perhaps slightly higher. Some junior college officials profess to be discouraged with the drop-out rate in a specialized program. This is an area that needs some careful study -- we are not sure that we are getting the accurate reporting we need to make wise judgments concerning drop-outs.

Again, generally speaking, the students who finish are doing a creditable job. The per cent who pass licensure examinations is satisfactory and somewhat higher than those from some other levels of education. In Dr. Mildred Montag's new book, "Community College Education for Nursing", thorough attention is given to student success in the ADN program, which may have implications for other paramedical program graduates. Also, Bernice Anderson, in her new book, "Nursing Education in Community Junior Colleges", devotes a discussion to this entire matter. By the way, we recommend that these two books be studied by the junior college people concerned with the whole area of health related or paramedical education.

27. What relationships are established with other academic departments of the college? Are there any frustrations or difficulties?

Paramedical programs are a part of the total faculty of a junior college, and their place in the college academic program is the same as any other department. One of the sad situations which has developed in the whole field of occupational education is to imply that it somehow and some way is apart from the "regular" program, or, horrors! the "academic" program of the college. It is not. It is a part, and a very important part, of the total educational endeavor of the college.

Yes, there are problems in this acceptance factor as has been indicated in the preceding paragraph. Too often the college administration has allowed distorted attitudes to grow and flourish through indifference or unawareness of attitudes and feelings on the part of transfer faculty and sometimes even of responsible officials. If we are to be successful in this field as well as in all the occupational fields, we must be aware that full acceptance and understanding of these programs is not an automatic and expected result -- we must actively work to overcome the attitudes and prejudices built up over the last fifty years toward occupational, technical, or vocational programs.

28. Please discuss how short-term expedient needs of the professional community should be met. What can you advise us on the development of short courses, workshops, institutes, etc.? Should facilities at the hospital be used for teaching? What about scheduling?

Although many junior colleges have developed very fine short courses, workshops, and seminar type programs in the health related fields, mainly to meet an expedient objective or to aid a group of professional people with a special education or training problem, generally speaking junior colleges have not taken full advantage of the possibilities of these programs. There is a sort of inherent resistance to think about or plan educational programs within any framework but the conventional semester or quarter, and at the usually accepted "school" schedules.

Times are changing fast, indeed, and we in the educational world must accept that many of the conventional patterns of procedure are now becoming strait jackets to innovative thinking and procedure. At least here is a start we can make...to start planning programs to meet special objectives and goals, to meet special needs and requirements, and to plan these programs in such a way that they may best meet the needs and activities of the students who will enroll. The ways of providing education are many and varied, and encouragement should be given to the colleges to consider the different kinds of programs that may be planned and the new and diverse ways of presenting such programs.

29. What effective new procedures for teaching are being developed and used?

One of the difficulties in defining new procedures for teaching is that so frequently we will make some minor change or modification of a procedure, or we start using some new mechanical device in teaching, and believe that a whole new world of instruction has opened up to us. Frequently we are using the same old techniques with new instruments. However, one of the most rapidly developing new procedures in teaching is independent study and learning on the part of the student, with some supervision from the teacher. Some will say that this really isn't new, that it is the old tutorial system with a new name. True independent study is not this, however, for in the old tutorial system the emphasis was still on the work of the teacher as he imparted knowledge by drill and memory to the student. Independent study has shifted the emphasis to the student, and the teacher has become the guide, the evaluator, the planner...but the work of learning is the student's, as he becomes both teacher, teaching himself, and learner, learning from his own activities. Another shift is evident, too. For a long time learning was information oriented -- knowledge, facts, precepts: these were the stuff of learning, but now we are slowly moving toward learning as activity oriented -- we acquire abilities, skills, competencies to put knowledge, facts, and precepts to work... let the computers store the knowledge...let the computers become our memory banks.

Many new devices have been constructed to make more efficient some of the more conventional teaching methods: the audio and the visual aids, tapes, recordings, and the screen are impressive and important tools to teaching, as is also closed circuit television, or open circuit, when used properly.

30. Will you speak to the subject of accreditation? What is the furore? What is meant by accreditation?

On the subject of specialized accreditation, we would like to refer you to two statements recently made: the position statement of the Board of Directors of the American Association of Junior Colleges, recommending that a nation-wide study be made on junior college accreditation (which study is now underway with a report to be made to the Association and to the National Commission on Accrediting) and emphasizing regional accreditation, and a statement of procedure by the National League for Nursing in Occupational Bulletin No. 2 published by the American Association of Junior Colleges.

The center of discussion is the understood concern of professional associations for acceptable quality control and measurement of programs, but the procedures for doing this have not been worked out, although progress is being made.

Our own personal position is that the junior college itself, through the help of regional accrediting associations, can do an effective job of reporting, given appropriate and acceptable instruments.

31. How is sound curriculum development undertaken, and how is it kept current? Who is responsible?

Sound curriculum development is a "team" effort: college administration, program directors, faculty, professional personnel, and sometimes consultants who may be called in to advise and evaluate. The kind of a curriculum developed comes out of the projected image of the end product of the program -- what kind of a person do you need and with what competencies to do the job that is required properly and successfully, and what kind of teaching is needed and what courses necessary to produce this kind of person? However, past experiences, developments, studies, evaluations, and the current regional and national planning in the same field influences greatly the direction curriculum planning and development will take.

The curriculum of a program is kept up to date and current by constant study and evaluation of the staff. After initial development of curriculum it should be generally the responsibility of the concerned and involved faculty to study its effectiveness, be alert to new developments, and make recommendations for changes or modifications to the appropriate junior college committee or official.

32. Should need always be determined on a local basis, or should junior colleges recognize state, regional, or national needs as well, even if these are not reflected strongly in the local area?

Although local need for paramedical programs usually initiates interest for such programs, we believe that state, regional, and national needs are also a part of the picture. The mobility of our society today does not at all insure that the person we educate in our junior college is going to live and serve in the local area. It is hoped that our junior colleges will never lose their closeness to the local community or their prime objectives to serve the local community's interests, but more and more the truth becomes aware to us that we are a part of a vast societal effort, that what we do is also related to what is done elsewhere, and that the needs that bring pressures to us locally are also needs of society in general.

33. What are the major sources of help for planning and developing paramedical programs?

Major sources of help may be listed as follows:

1. Local professional agencies and organizations.

2. Local health and medical institutions -- hospitals, clinical laboratories, nursing and care homes, state hospitals or sanitaria, or federal institutions.

3. Local or state Health Career Councils.

4. State departments of education, public health service officials.

5. The American Association of Junior Colleges.

6. The National Health Council.

7. The consultative services and information offered by the professional associations, such as the American Dental Association, the American Medical Association, the Council on Education for Medical Technology, the American Hospital Association, the National League for Nursing, and others. Most of the professional Associations have education departments, sections, or councils who maintain information and consultative services.

8. Universities and four year colleges with health programs or centers.

34. What are major problems to be overcome in securing good instructors in paramedical programs? Specifically in the ADN program?

The major problems facing the junior colleges in securing good instructional personnel for the paramedical programs, and this includes the ADN program, is finding competent, experienced people with teaching abilities and an orientation to education, and second, the salaries offered.

35. Do we have major problems with high school counselors for our programs? How can we work best with our high schools?

Frequently we find some frustrations in recruiting students for paramedical programs stemming from attitudes and counseling of high school guidance personnel, and in many cases we have caused these frustrations ourselves. We in the junior colleges have not developed thorough, acceptable techniques of cooperation and coordination with our high school colleagues, and consequently what is finally done on a frantic expedient kind of basis is ineffective and sometimes even distasteful to the high school counselor. We need to set up continuing working relationships with the high school counseling staffs and faculties; we need to start students to thinking about career choices much earlier than the senior year; we need to devise well-planned and prepared programs of information for students as well as for counselors -- not on a "one-shot" career or college day procedure, but a continuing program, beginning early in the high school years.

36. What about the transfer problem? How important is this in occupational education?

We must confess that we are not too concerned with the transfer problem in occupational programs. Our main purpose is to provide educational curriculums for an occupation or a career, complete in itself and producing the worker needed. If a university or four year college perceives in this student a person worthy of further advancement and study that will take him or her into another level of achievement, well and good. Such responsiveness on the part of the universities or four year colleges would be welcomed by the junior colleges -- but in occupational programs, transfer should not be the first concern.

Now, having stated this, we should be aware of a growing attitude on the part of both educators and personnel from the professions that the best interests of both will be served by establishing the principle and concept of the "open-end" curriculum, providing the opportunity and the means for students to move along

the occupational education path as far as motivation, ability, encouragement, and finances will take them. If the open-end curriculum is to be successful, junior colleges must participate as the "middleman", allowing students to come in from the programs in vocational centers, comprehensive high schools, and other less than collegiate grade institutions, and then provide the opportunities for students to move from the junior college program on to the university. It is an interesting concept of the continuity of education, and the never-ceasing opportunity for educational advancement and upgrading.

37. What are the current fears of the professional people for junior college occupational programs? How can we overcome these? How can confidence be built? To what degree are our working relationships with professional agencies the personnel effective? Where do communications fail? Where do we succeed the best?

Current fears from professional people for the junior college paramedical programs seem to be three-fold: fear that the programs will not provide the quality education necessary, that the graduates or the end product will be only half-trained or superficially trained, and that the time of learning is too short; fear of status, that there will be too little demarcation between the baccalaureate degree person and the associate degree person in both public and professional acceptance, areas of responsibility, and opportunities for advancement..in other words, status; the third fear is that the associate degree personnel is by pressure alone moving the baccalaureate degree personnel into new responsibilities, new jobs, demand for new skills and abilities...and these many of the professional people do not want to accept.

The junior college can do little to change or alleviate several of these fears -- only time and the pressures of a new age and a new dimension to society can do that -- but the first fear, that of quality, we can do something about. We must be positively sure and certain that the programs we develop and inaugurate are sound, are effective, are of proven quality, and that the product produced is able and competent.